

DISEASE OUTBREAK PRELIMINARY REPORT
EPIDEMIOLOGY AND DISEASE CONTROL

OUTBREAK # _____

TYPE OF OUTBREAK

Reporting date: _____ / _____ / _____ Time: _____ AM
PM Site: _____

Person receiving call: _____

Person reporting: _____

Position: _____

Date Local Health Dept. Informed: _____ / _____ / _____

By Whom: _____

Position: _____

____ Hospital
____ Nursing Home
____ Institution
____ Day Care Center
____ School
____ Worksite/Industrial
____ Food Service/Rest.
____ Other

Mode of Transmission:

____ Foodborne ____ Airborne
____ Waterborne ____ P→P
____ Other ____ Unknown

Name of facility (or location): _____ County _____

Address: _____ Contact Person _____ Phone _____

Suspect disease: _____ Date of onset of 1st case: _____ / _____ / _____

Symptoms, signs and course _____

No. of possible cases: _____ No. of cases hospitalized: _____ No. of deaths: _____

No. of exposed individuals: _____ (If institution, No. of residents): _____

Duration of illness: _____ hours days Incubation period: _____ hours days

Specific action(s) taken to date: _____ Preliminary recommendations made, if any: _____

Laboratory work-up performed? If yes, describe: _____

Investigators: Local Health Department: _____

State Health Department: _____

Date: _____ / _____ / _____ Time: _____

Notification of:

____ Office of Public Relations
____ Division of Food Control
____ Office of Deputy Secy. for PHS
____ Laboratories Administration
____ Licensing and Certification

____ Local Health Administration
____ EIS Officer
____ Dir for Comm. Hlth. Surv. Admin.
____ Dr. Ebenezer Israel
____ Others, (specify) _____